

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	710		6-21-00
O.I.P.E. CLASSIFIER		49	6/26/00
FORMALITY REVIEW		71473	9-3-00
RESPONSE FORMALITY REVIEW		71473	9/26/00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓ ✓ ✓ ✓
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3	✓ ✓
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22	✓
23	✓ 0
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29	✓ ✓
30	— —
31	✓ ✓
32	— —
33	✓
34	✓
35	—
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38	✓ ✓ ✓ —
39	✓
40	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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